2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N96000004101

Entity Name: FUNDACION MANUEL ARTIME CORP.

Current Principal Place of Business:

8230 N.W. 163 ST.
MIAMI LAKES, FL 330166153

New Principal Place of Business:

Current Mailing Address:

8230 N.W. 163 ST.
MIAMI LAKES, FL 330166153

New Mailing Address:

FEI Number: 65-0769053 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARRIZURIETA, LUIS
8230 N.W. 163 ST.
MIAMI LAKES, FL 330166153 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	ARTIME, ADELAIDA	
Address:	1581 BRICKELL AVE APT PH 201	
City-St-Zip:	MIAMI, FL 33129	
Title:	VED	( ) Delete
Name:	MESSER, NILO J	
Address:	7801 SW 29 TERRACE	
City-St-Zip:	MIAMI, FL	
Title:	SD	( ) Delete
Name:	ARRIZURIETA, LUIS	
Address:	8230 NW 163 ST	
City-St-Zip:	MIAMI LAKES, FL 330166153	
Title:	D	( ) Delete
Name:	RODRIGUEZ, FELIX I	
Address:	215 NE 114 STREET	
City-St-Zip:	MIAMI, FL 33161	
Title:	D	( ) Delete
Name:	TOLEDO, RAFAEL G	
Address:	9130 SW 134TH PLACE	
City-St-Zip:	MIAMI, FL 331861534	
Title:	TD	( ) Delete
Name:	ARRIZURIETA, LUIS JR	
Address:	12827 NW 23 STREET	
City-St-Zip:	PEMBROKE PINES, FL 33028	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TD	(X) Change ( ) Addition
Name:	ARRIZURIETA, LUIS F	
Address:	12827 NW 23 STREET	
City-St-Zip:	PEMBROKE PINES, FL 33028	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS F. ARRIZURIETA TD 01/20/2009

Electronic Signature of Signing Officer or Director — Date